



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

August 3, 2006

**Dear County Director of Social Services, Local Management Entities, Local Health
Department Director and County Department on Aging Director**

ATTENTION: Adult Services Staff

Subject: Guardianship Training Series

The NC Division of Aging and Adult Services will offer a series of guardianship trainings during FY 2006-2007. This series consists of three different trainings that are available to disinterested public agent guardians and their representatives. These three trainings are meant to be taken in sequence since each training builds upon the previous one. Each training will be offered at three different sites across the state during the year. This letter contains information about the trainings, as well as the dates and locations where each will be offered.

- **Guardianship I: A Systematic Approach**

Prerequisite: None required.

This is the first of the guardianship training series. The focus of the training is consistent with North Carolina General Statute 35A and Department of Health and Human Services (DHHS) policy requirements that all disinterested public agents receive training on the powers and responsibilities of a guardian. It includes information on guardianship law and legal proceedings, DHHS policy requirements, practice guidelines and issues related to guardianship service provision. Training methods include lecture, small and large group discussion, presentations by experts in content areas, skills practice and a case study.

This training is designed for directors or assistant directors of county departments of social services, local management entities, local health departments, and county departments on aging who serve as disinterested public agent guardians. Social workers, case managers, public health nurses, county department of aging staff, supervisors and others who handle the daily responsibilities for guardianship services should also attend.

The dates and locations for this two-day training are listed below.

Dear Director
RE: Guardianship Training Series
August 3, 2006

Workshop Dates and Locations

October 17 & 18, 2006

New Hanover County DSS
Multipurpose Room A
1650 Greenfield Street
Wilmington, NC

March 29 & 30, 2007

Land-of-Sky Regional Council
25 Heritage Drive
Asheville, NC

January 11 & 12, 2007

Triangle J Council of Governments
4307 Emperor Blvd, Suite 110
Durham, NC

- **Guardianship II: Planning Services with Wards and Their Families**

Prerequisite: Completion of "Guardianship I: A Systematic Approach". It is also recommended that individuals complete "Effective Social Work Practice in Adult Services: A Core Curriculum", offered by the Center for Aging Research and Educational Services (CARES) at UNC-CH before attending this training. Information is available at ncswLearn.org

The second training in the series provides a framework for organizing work with wards and their families to create positive change and enhance decision making. This framework includes core activities that are central to working with wards and their families: conducting a comprehensive functional assessment, identifying areas for change, establishing goals, planning for interventions and services, implementing services, monitoring, reassessment and case closing. Training methods include lectures, small and large group discussions, skills practice exercises and case studies.

The training is intended for social workers, case managers, public health nurses, county department on aging staff, supervisors and others who handle the daily responsibilities for guardianship.

This is a two-day training. The dates and locations for the training are listed below.

Workshop Dates and Locations

November 14 & 15, 2006

New Hanover County DSS
Multipurpose Room A
1650 Greenfield Street
Wilmington, NC

April 26 & 27, 2007

Land-of-Sky Regional Council
25 Heritage Drive
Asheville, NC

February 7 & 8, 2007

Triangle J Council of Governments
4307 Emperor Blvd, Suite 110
Durham, NC

Dear Director
RE: Guardianship Training Series
August 3, 2006

- **Guardianship III: Decision Making: An Ethical Perspective**

Prerequisite: Completion of “Guardianship I: A Systematic Approach” and Guardianship II: Planning Services with Wards and Their Families”.

The last guardianship training in the series is geared to line staff who handle daily guardianship responsibilities, including decision making for the wards in their care. Since decision making is a fundamental responsibility of guardianship, it is of utmost importance that a guardian/guardian representative makes principled, informed decisions that are in the best interest of each ward. This training provides an opportunity for in-depth discussions about decision making and the ethical dilemmas associated with making difficult decisions on behalf of wards.

This training is beneficial for program administrators, supervisors, social workers, public health nurses, case managers and other delegated the responsibility and support for wards.

The dates and locations for this two-day training are listed below.

Workshop Dates and Locations

January 17 & 18, 2007

Cumberland County DSS
Meeting Room A
1225 Ramsey Street
Fayetteville, NC

May 23 & 24, 2007

Western Piedmont Community College
1001 Burkemont Drive
Morganton, NC

March 20 & 21, 2007

Forsyth County DSS
741 North Highland Avenue
Winston-Salem, NC

Registration

Attached is a copy of the NC Division of Aging and Adult Services Registration form. Participants must pre-register by returning a completed registration form for each training they wish to attend. The registration forms should be sent to the Division of Aging and Adult Services at least two weeks in advance of the training. It is important that the registration form be filled out completely. Substitutions may be sent for staff members who have registered for a particular training and are unable to attend. There is no restriction on the number of staff members who can attend any specific training. Individuals who register for training will be sent a confirmation letter with directions to the training site and a list of lodging accommodations.

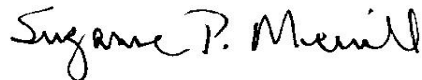
Dear Director
RE: Guardianship Training Series
August 3, 2006

Completed registration forms may be faxed to Monica Nealous at (919) 715-0023, or mailed to: NC Division of Aging and Adult Services, ATTN: Monica Nealous, Adult Services Section, 2101 Mail Service Center, Raleigh, NC 27699-2101. On-line registration is also available at ncswLearn.org.

Please share this training information with appropriate staff members. If you have questions or need additional information about the content of the trainings, please contact Kate Walton, Guardianship Program Consultant, at (919) 733-3818. County departments of social services may contact their Adult Programs Representative. Questions regarding pre-registration may be directed to Monica Nealous at the above number.

Information about other adult services trainings can be found in the 2006-2007 DAAS Adult Services Training Calendar at <http://www.dhhs.state.nc.us/aging/adultsvcs/TrainingCalendar.pdf>.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/ksw
Attachment
AFS-08-2006

Adult Services, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event? ☐ Yes ☐ No
 (For prerequisite information please refer to the training description) ☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____ Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code): _____ Work Phone & Extension (please include area code): _____
 () ()
 Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type: <input type="checkbox"/> Not applicable <input type="checkbox"/> County DSS - Permanent <input type="checkbox"/> County DSS - Temporary <input type="checkbox"/> County Non-DSS <input type="checkbox"/> Federal Agencies <input type="checkbox"/> State Agency/Public University <input type="checkbox"/> Private University/College <input type="checkbox"/> Private Agency/Business	Work Type: <input type="checkbox"/> Direct Client Service <input type="checkbox"/> Line Supervisor <input type="checkbox"/> Trainer/Staff Development <input type="checkbox"/> Program Manager <input type="checkbox"/> Program/Admin. Support <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable	Program Responsibilities: If you are NOT a county DSS worker, please skip to the next box (Check all that apply) <input type="checkbox"/> Adult Care Home CMS <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Adult Home Specialist <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Adult Services Intake <input type="checkbox"/> At-Risk Case Management <input type="checkbox"/> Attorney <input type="checkbox"/> Guardianship <input type="checkbox"/> In-Home Aide Services <input type="checkbox"/> Special Assistance <input type="checkbox"/> Trainer <input type="checkbox"/> Other	Other Roles: Complete this box if you are NOT a county DSS worker <input type="checkbox"/> Aging Services <input type="checkbox"/> Attorney/Judicial <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Health/Medical <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Long Term Care <input type="checkbox"/> Mental Health <input type="checkbox"/> Student/Student Intern <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other
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Highest Degree <input type="checkbox"/> HS <input type="checkbox"/> Masters <input type="checkbox"/> Associate <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor	Highest Social Work Degree <input type="checkbox"/> BSW/BSSW <input type="checkbox"/> MSW/MSSW <input type="checkbox"/> PhD/DSW
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Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____